

FAMILY CHILD CARE POLICY SAMPLE

(Name of facility)

(Facility phone number)

(Facility street address)

(Facility city, state and zip code)

(Licensee name)

Policy Effective Date: _____

I. GENERAL INFORMATION

_____ is licensed by the State of Wisconsin, Department of Health & Family Services. I am licensed to care for no more than _____ children at any one time. I am inspected regularly to ensure that I meet licensing standards.

_____ will provide care for children between the ages of _____ and _____. Child care services are available without discrimination on the basis of race, sex, color, creed, political persuasion, national origin, disability, ancestry or sexual orientation.

Child care services will be provided between the hours of _____ ☐ A.M. / ☐ P.M. and _____ ☐ A.M. / ☐ P.M., _____ through _____, _____ through _____. No service will be provided on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Day, and _____. All regular fees will be charged for these holidays. If a holiday falls on a Saturday, we will be closed the previous Friday. If a holiday falls on a Sunday, we will be closed the Monday following.

I will post the following items for your review:

- License certificate
- Results of the latest licensing/monitoring visit (CFS-294 or CFS-785)
- Menus
- Center policies

• _____

(List other items posted)

Parents will receive a pamphlet, "Your Guide to Licensed Child Care" which is a summary of family child care licensing regulations, as part of an enrollment packet.

Parents are welcome to visit my child care program at any time during the hours of operation unless prohibited by a court order. If so, I will need a copy of the order.

Children will only be released to persons listed on the enrollment form. If anyone other than the child's parent or someone who is listed on the enrollment form is to pick up a child(ren), I need to be notified in writing or by a telephone call in advance. The person picking the child(ren) up may need to show a driver's license or other picture ID.

If the parent or other authorized person arrives to pick up a child and that person appears to be intoxicated or under the influence of drugs, all reasonable steps will be taken to prevent the person from leaving with the child, including offering to call a cab or another contact person. While I cannot legally withhold a child from the legal guardian, I will not hesitate to call the local authorities if I feel the child is in danger.

It is important that we communicate daily concerning the needs and interests of your child. If there are issues or concerns that need to be discussed, please work with me to arrange a convenient time to talk on the phone at naptime or in the evening so we can give the issue the attention it deserves. To foster communication on a regular basis, _____ (Name of facility) provides ☐ scheduled conferences / ☐ written newsletters / ☐ parent bulletin board / ☐ daily sheets.

To protect each family's confidentiality, _____ (Name of facility) will not share information about a child or a child's family with anyone who is not authorized to receive this information.

_____ (Name of facility) ☐ is / ☐ is not covered by liability insurance for my premises.

_____ (Name of facility) ☐ is / ☐ is not covered by liability insurance for my operations.

II. ENROLLMENT AND DISCHARGE OF ENROLLED CHILDREN

All children will be enrolled for a trial period of _____ (Number or days/weeks). During the trial period, either the provider or parent may terminate child care without advance notice.

Parents must meet with me to discuss their child's specific needs and to review program policies. I will make a reasonable accommodation for a child with disabilities as specified under the Americans with Disabilities Act.

The following items must be completed and returned to the center by the first day of attendance.

- Form CFS-62, "Child Care Enrollment"
- Form CFS-2345, "Health History and Emergency Care Plan"
- Form CFS-104, "School-Age Agreement – Child Care Centers" (if applicable)
- Form CFS-56, "Transportation Permission – Child Care Centers" (if applicable)
- Form CFS-61, "Intake for Child Under 2 Years – Child Care Centers" (if applicable)
- First week's tuition
- Parent / Provider agreement

I will inform you of any updates that are needed and give you _____ (Time period) to submit the updated forms.

The following items must be completed and returned to me by _____ (Date).

- Form CFS-60, "Child Health Report – Child Care Centers"
- Form DPH-4192, "Day Care Immunization Record" or an electronic record of your child's immunizations

• _____

List of other forms to be returned

Children may be enrolled on a full-time basis (_____ (Number of hours) hours per week or more), or a part-time basis (less than _____ (Number of hours) hours per week). No child may be regularly enrolled for less than _____ (Number of hours / days per week). I ☐ do / ☐ do not accept children for drop-in care if prior enrollment arrangements have been made and space is available.

A child may be discharged from the center for reasons such as, but not limited to:

- Failure to pay fees on time. (Grounds for immediate termination, without advance notice.)
- Lack of parental cooperation.
- Inability of child care program to meet the needs of the child. I will consult with the parent concerning how any problems might be solved before ending the care arrangement. The parent will be referred to other community resources.
- Repeated failure to pick up the child at scheduled time.
- Failure to complete and return required forms.

I will give a _____ (Time period) written notice of my intent to discharge a child, and try to inform parents of local resources that may be of help to them, except when the discharge is due to parent's failure to keep current with fees owed. Should parent remove the child during a notice period I initiate, fees will not be charged for the remaining unused days.

Parents must give a _____ written notice of their intent to withdraw the child(ren), and will be required to pay for those _____, whether or not children continue to attend. All outstanding fees must be paid.

(Time period) (Time period)

III. PAYMENTS AND REFUNDS

Fees are to be paid in advance on ☐ _____ / ☐ child's last enrolled day each week for the following week's services. If there will be a third-party payment (e.g., from an employer or the county), a special payment schedule will be arranged and detailed in the contract. Parents will be responsible for any specified co-payments or unpaid amounts.

(Day of week)

_____ ☐ does / ☐ does not charge a registration / enrollment fee. A registration / enrollment fee of \$ _____ must be paid. The registration / enrollment fee must be paid ☐ prior to enrollment ☐ with the first tuition payment.

(Name of facility) (Amount)

I will establish a regular rate based on your child's hours of enrollment. Additional fees will be assessed for additional hours if care is part-time or hours exceed _____ hours per week.

(Number of hours)

A full-time rate is offered for children who will be in care for _____ hours or more, _____ days per week.

(Number of hours) (Number of days)

An hourly rate is charged if children will attend fewer than _____ hours each day, or fewer than _____ hours per week.

(Number of hours) (Number of hours)

There will be an extra fee assessed for late payment or late pick up of a child.

Rates ☐ are / ☐ are not higher for children under _____ years of age than for older children.

(Age of children)

There will be no reductions for additional children from one family. I am limited in the number of children that I may care for at one time.

No refunds will be given for days when children do not attend due to illness or other reasons.

For current fees, see the attached Rate Sheet.

IV. CHILD AND PROVIDER ABSENCES

A. Child Absence

If your child will not attend on a regularly scheduled day please let me know by _____ ☐ A.M. / ☐ P.M. or within _____ of your child's scheduled arrival time.

(Time of day) (Time frame)

If a child who is scheduled to arrive at the center does not arrive within _____ minutes of the specified time on the written agreement signed by the parent, and I have not been notified of the child's impending absence, I will attempt to contact the parent or guardian to determine the child's whereabouts.

(Specify time frame)

I ☐ will / ☐ will not ☐ walk / ☐ transport children who attend school at _____ to and from the center in the morning and after school.

(Name of school)

If parents wish to allow a school-age child to leave or arrive at the center unescorted, they must provide written authorization for this activity. School-age children who leave the center unescorted must be traveling to home, school or another activity where adult supervision is present.

After a child has been enrolled for _____ I will allow _____ off per year (prorated for part-time enrollments) with no fee required. These days may be used for sick or vacation time. After these _____ are used, I will require full payment for any absences, for the rest of that year.

(Time period) (Days / weeks) (Days / weeks)

B. Provider Absence

I will take _____ of vacation each year. For _____, I will not charge. For _____, I will require payment. I will let you know of this time off at least _____ days in advance so you and your family can make alternate arrangements.

(Days / weeks) (Days / weeks) (Days / weeks)
(Number of days)

In the event that I or a household resident become ill, I will notify the parents of all regularly scheduled children no later than _____ ☐ A.M. / ☐ P.M. that the center will be closed. Regular tuition fees ☐ will / ☐ will not be charged when I am closed because of an illness.

(Time of day)

In case of an emergency situation that requires my immediate attention, I will call _____. S/he will come to the center to stay with the child(ren) during my absence. Parent's ☐ will / ☐ will not be called to pick up their children as soon as possible, but no later than _____. I will provide my emergency back-up person with a brief orientation that will include the names and ages of children present, arrival and departure information for each child, the location of the children's files and the procedures to reduce the risk of sudden infant death syndrome if the center is licensed to care for children under 1 year of age. Regular tuition fees ☐ will / ☐ will not be charged when I am closed because of an emergency.

(Name of emergency backup provider)
(Time of day)

In the event that I am scheduled to be gone, _____ will act as my substitute. Before my substitute or any other provider required to meet the staff-to-child ratios begins to work with the children, I will provide them with an orientation and document its completion. The orientation will cover all of the items specified in the licensing rules.

(Name of person or persons)

V. HEALTH**A. Child Illness / Injuries**

Children who are ill are not to be brought to the center. The following are examples of children who are ill:

- A temperature of _____ degrees F. or higher
- Vomiting or diarrhea has occurred more than once in the past 24 hours
- A contagious disease such as chicken pox, strep throat or pink eye
- An unidentified rash
- Have not been on a prescribed medication for 24 hours or continue to have symptoms of illness
- Has a constant, thick, colored nasal discharge
- _____

(Specify additional symptoms)

If a child should become ill or seriously injured while at the center, parents will be contacted immediately. Sick children will be isolated within my sight or hearing and made as comfortable as possible. Children should be picked up within _____. If the child is not picked up within _____, the emergency contact person on the child's enrollment form will be called.

(Time frame) (Time frame)

Children may return to the center when they are symptom free, have been appropriately treated or have been given medical approval to return to child care. I will follow procedures on personal cleanliness and communicable diseases in accordance with licensing rules and the guidelines for exclusion of children from child care as adapted from the Division of Public Health.

I will report all communicable diseases, when required, to the local health department and to parents of all enrolled children. Parents of all enrolled children ☐ will / ☐ will not be notified when their child has been exposed to an illness other than a communicable disease.

I ☐ have / ☐ have not been authorized by the licensing agency to provide care for mildly ill children. I have worked with a ☐ physician / ☐ family nurse practitioner / ☐ pediatric nurse practitioner to develop and implement a written plan that covers the provision of care to mildly ill children. This plan has been approved by the licensing agency. Please indicate in writing whether you want your child to receive care if s/he is mildly ill.

I ☐ have / ☐ have not received training in first aid. I will follow standard emergency medical procedures for treating injuries. A head injury will be treated as a serious injury, and parent will be notified as soon as possible.

Superficial injuries will be washed with soap and water and covered with a bandage or treated with ice. Parents will be told about the minor injury when they pick their child up.

If there is a need for emergency medical treatment, 911 will be called and the child will be taken to _____.
(Name of urgent care center)

Should an ambulance be needed, parents will be responsible for any costs. Parents will be contacted as soon as possible after contacting 911. If possible, I will ask that the ambulance take your child to the emergency medical facility that you designated on the child enrollment form.

All medication administered, accidents or injuries occurring during the time the child is in my care, marked changes in behavior or appearance and any observation of injuries to a child's body received outside of my care will be entered into the center's medical logbook. As a licensed child care provider, I am required to report suspected child abuse or neglect to the local authorities.

B. Medications

I ☐ will / ☐ will not administer medications. Prescriptive and non-prescriptive medication will only be given to children if parents have completed the authorization form provided. All medicine must be in its original container bearing the label with child's name, dosage and administration directions. I will not exceed the age-related dosage on the label of any medication without a written doctor's authorization. Blanket authorizations, such as dispensing Tylenol at my discretion, are not allowed.

I ☐ will / ☐ will not apply sunscreen to a child prior to taking the child outside. I ☐ will / ☐ will not apply insect repellent to a child prior to taking the child outside. Parents must authorize in writing the application of sunscreen or insect repellent. The authorization shall include the brand and the ingredient strength.

C. Smoking

Smoking is not permitted on the premises of the center during licensed child care hours. However, _____
(Name of person who smokes if applicable)

does smoke on the premises when the center is closed.

D. Sudden Infant Death Syndrome (SIDS)

To reduce the risk of SIDS I will do the following:

- **Children under one year of age:**
 - Child will be placed to sleep on his or her back in a crib, unless the child's physician authorizes another position in writing.
 - Child will not sleep in a crib or playpen that contains materials such as sheepskins, pillows, fluffy blankets, bumper pads or stuffed animals.
- **Children under two years of age:**
 - Cribs and playpens shall contain a tight-fitting mattress and any mattress covering shall fit snugly over the mattress. Waterbeds may not be used.
 - Sheets or blankets will be tucked tightly under the mattress and shall be kept away from the child's mouth and nose.
 - If child falls asleep in a swing or car seat, the child will be removed from the swing or car seat and placed to sleep on his or her back in a crib.

VI. NUTRITION

I will follow USDA guidelines when planning our menus. No child will go without nourishment for longer than 3 hours. I will offer the following meals and snacks to all children in attendance at the times identified in the daily schedule. (Check all that apply)

- ☐ Breakfast
- ☐ A.M. snack
- ☐ Lunch
- ☐ P.M. snack
- ☐ Dinner
- ☐ Night-time snack

Parents providing their own children's meals and snacks will be informed ☐ verbally / ☐ in writing of the USDA nutritional requirements.

If your child has special dietary needs (medical condition or personal choice) or has food allergies, parents must notify the center in writing.

☐ Daily / ☐ weekly / ☐ monthly records of meals and snacks are available for your review.

_____ ☐ does / ☐ does not participate in the USDA Child and Adult Care Food Program.
(Name of facility)

School-aged children will be offered an afternoon snack upon arrival from school.

Children younger than 12 months must be served formula or breast milk unless written direction is on file from the child's health care professional. I ☐ will / ☐ will not provide _____ formula. All bottles and commercial baby food must be labeled with your child's name.
(Type of formula)

VII. DAILY ACTIVITIES

I ☐ do / ☐ do not include religious instruction or practices in my daily activities. We ☐ do / ☐ do not offer prayers before meals and snacks. We ☐ do / ☐ do not offer a religious education program or curriculum.

We celebrate the following occasions: Christmas, Easter, Halloween, Kwanzaa, Hanukah, Rosh Hashanah, Ramadan, each child's birthday and _____
(List other occasions celebrated)

I will plan activities and provide children with a variety of experiences. Some of the activities will include:

- Language development: Books, music, story time, fingerplays, flannel board stories
- Large muscle skills: Balls, hula hoops, bean bags, swinging, outdoor play
- Small muscle skills: Arts / crafts, stringing beads, pegboards, blocks
- Creative expression: Dramatic play, puppets, music / instruments, flannel board
- Self-help skills: Assist with mealtime preparation, dress self for outdoors

PLAY is the major component of our program. Enough time, materials and space will be provided for children to actively explore the world around them. Children will have an opportunity to use a variety of art materials and manipulative and housekeeping equipment.

Children, including infants and toddlers, will go outdoors daily when weather permits. The children may be kept indoors during inclement weather such as any of the following:

- Heavy rain
- Temperatures above 90 degrees F.
- Wind chills of 0 degrees F. or below for children age 2 and above.
- Wind chills of 20 degrees F or below. for children under age 2

Infants and toddlers (children under two years of age) will have a flexible schedule which reflects the child's individual needs. They will be given individual attention including lots of time for talking. The body position of non-mobile infants and their location in the center

will be changed frequently. I will provide safe, open spaces for children who are creeping and crawling. Infants and toddlers will be encouraged to play with a wide variety of safe toys and objects.

School age children will have a quiet place to study or relax, access to appropriate materials and activities and ample time for large muscle activities and to participate in food preparation.

Night Care. I ☐ am / ☐ am not licensed to provide care between the hours of 9 P.M. and 5 A.M. Children in care during the night time will follow a schedule designed to replicate activities typical to the child's routine at home. I have an evening and morning schedule of activities planned for the hours when a child is awake. Children who attend during for the evening hours but not the whole night shall have the opportunity to sleep as needed. Children who are present at the time the evening meal is served shall be served the evening meal. A nighttime snack will be available for children, and breakfast will be served to all children in care for the night unless the parent specifies otherwise.

Rest or naptime will be provided for all children younger than five years of age who are in care for more than four consecutive hours. Children who do not sleep may get up after 30 minutes, and children who awaken early will be allowed to get up when they awake. I will help awake children find appropriate activities. ☐ Parent / ☐ provider will launder the bedding / sleeping bag after every five uses or sooner if necessary.

A crib or playpen is provided for each child under one year of age. Children over the age of one year will sleep in a ☐ crib / ☐ playpen / ☐ sleeping bag or on a ☐ cot / ☐ mat.

I ☐ will / ☐ will not allow children to watch television including VHS or DVDs. Children ☐ may / ☐ may not bring VHS or DVDs from home. The children will be allowed to watch television under the following situations: _____

(Describe times children may watch TV)

Children are not required to watch television, and other activities will be available during that time for children to use.

We occasionally take field trips, including walks around the neighborhood. Emergency information for each child will be taken whenever the children leave the premises. You will be notified in advance of any field trip requiring transportation.

A schedule of daily activities is attached.

VIII. CHILD GUIDANCE

Children's behavior will be guided by setting clear limits or rules for children. I will talk with children about expected behaviors and model those behaviors consistently for them. I will state positively what children can do, using specific terms (e.g., "you need to walk" rather than "don't run"). Undesirable behavior will be redirected to another activity. Children will be given a wide variety of age-appropriate activities to choose from and will be given the attention they need before they demand it. Behavior management will be for the purpose of helping children develop self-control, self-esteem and respect for the rights of others.

I ☐ do / ☐ do not use "time outs" to deal with unacceptable behavior. A "time out" or "take a break" may be used when other techniques have not been successful. A time out will be used to remove a child from a situation that has gotten out of control before a child could hurt himself or others. Time outs will never exceed five minutes and will not be used with children under three years of age. When used, the time out will immediately follow the behavior. I will stay with the child and talk about what behavior was unacceptable, and what else s/he might have done or said instead. Rather than use a specific time-out chair or corner, I will have the child "take a

break" near the others, so the emphasis is on relax / cool down rather than isolation and punishment. The child will be praised after completing the time out and will be helped to rejoin the group.

I recognize that no single technique will work with children every time. If a child exhibits unacceptable behavior, I will request a conference with parents to consider how to deal with the behavior. If the behavior continues, the next steps may include referrals to appropriate community resources, and / or discharge of the child from care.

In accordance with HFS 45 Licensing Rules for Family Child Care Centers, actions that are aversive, cruel or humiliating and actions that may be psychologically, emotionally or physically painful, discomforting, dangerous or potentially injurious are prohibited. Prohibited actions include spanking, hitting, pinching, shaking, slapping, twisting or inflicting any other form of corporal punishment on the child; verbal abuse, threats or derogatory remarks about the child or the child's family; physical restraint, binding or tying the child to restrict the child's movement; enclosing the child in a confined space such as a closet, locked room, box or similar cubicle; withholding or forcing meals, snacks or naps; or punishing a child for lapses in toilet training. These forms of punishment will never be used, even at a parent's request.

IX. TRANSPORTATION

I ☐ do / ☐ do not provide transportation. I transport children ☐ to and from home / ☐ to and from school / ☐ on field trips.

I ☐ do / ☐ do not contract for transportation services. Contracted transportation services are provided through

_____, located at _____. They
(Name of transportation company) (Address of transportation company)
 can be reached at (_____) _____.
Area code (Telephone number)

Public transportation ☐ is / ☐ is not used for field trips requiring transportation.

_____ ☐ does / ☐ does not carry liability insurance on vehicles
(Name of facility)
 used to transport children.

In order to track children being transported and ensure that their whereabouts are documented from the time the child is picked up until that child is relinquished to the responsible caregiver, I will _____

(Describe procedure you will use)

I will obtain the driving record of any person who will be transporting children.

X. PETS

_____ ☐ does / ☐ does not have pets on the premises. _____
(Name of facility) (List number and type of pets)
☐ will / ☐ will not be in the child care area. Children ☐ will / ☐ will not have access to _____
(List number and type of pets)

The children will be closely supervised when the animals are accessible to children to ensure that both the children and the animals are protected from harm.

_____ ☐ has / ☐ does not have liability insurance that includes coverage
(Name of facility)
 for dogs / cats because the animals ☐ will / ☐ will not be allowed in areas accessible to children during the hours of operation.

Prior to adding new pets to the center, I will notify parents in writing.

All pets for which there is an effective vaccine against rabies have been vaccinated.

If your child has pet allergies, please inform me.

XI. EMERGENCY PROCEDURES

I ☐ do / ☐ do not provide care between 9PM and 5 AM. My plan for evacuating sleeping children between those hours is _____

(Describe how you will evacuate sleeping children)

Fire drills shall be practiced with the children every month. In addition, tornado drills shall be practiced during the tornado season which is April through October.

In case of an emergency that would require an evacuation, children will be evacuated through the nearest safe exit. The attendance form and list of phone numbers for parents and emergency contacts will be taken along to ensure that all children are accounted for and all families notified. Children will be assembled at _____
(Location)

In the event of a tornado warning, the children will be taken to _____. Blankets and a portable radio and flashlight, with extra batteries for both, are kept in the tornado shelter area at all times. The attendance form and emergency contact information will be brought along.

In the event of a lost child, I will check all areas of the center. If the child cannot be found, the child's parents and / or emergency contact and the police will be notified immediately.

If the center should lose the use of heat, water or electricity before the center opens, I will _____

(Describe action to be taken)

If the center should lose the use of heat, water or electricity while children are in attendance, I will _____

(Describe action to be taken)

If we are unable to re-enter the building after a necessary evacuation, I will take the children to _____
(Location)
and contact _____
(Name of person)

XII. ITEMS TO BE PROVIDED

<u>Parent Provided</u>	<u>Center Provided</u>	<u>Items</u>
<input type="checkbox"/>	<input type="checkbox"/>	Disposable diapers
<input type="checkbox"/>	<input type="checkbox"/>	Baby wipes
<input type="checkbox"/>	<input type="checkbox"/>	Lotions
<input type="checkbox"/>	<input type="checkbox"/>	Labeled sheet and blanket
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping bag
<input type="checkbox"/>	<input type="checkbox"/>	Bottle for water, formula, and / or milk
<input type="checkbox"/>	<input type="checkbox"/>	Full change of clothing including underwear and socks
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent
<input type="checkbox"/>	<input type="checkbox"/>	Clothing suitable for outdoor play for each season
<input type="checkbox"/>	<input type="checkbox"/>	Crib or playpen
<input type="checkbox"/>	<input type="checkbox"/>	Car seat or booster seat

(List other items as necessary)

I, the parent, by my signature below attest that I have received a copy of these policies. I further attest that I have read and understand these policies, and I agree to abide by them.

Signature – Parent

Date

Signature – Licensee

Date

RATE SHEET

Rates at _____, effective _____, are as follows:
(Name of facility) (Date)

Children less than 2 years of age

Full-time care (30 or more hours / week) _____ per week
(Amount)

Part-time care (less than 30 hours / week) _____ per hour
(Amount)

Children 2 - 3 years of age

Full-time care (30 or more hours / week) _____ per week
(Amount)

Part-time care (less than 30 hours / week) _____ per hour
(Amount)

Children 4 - 5 years of age

Full-time care (30 or more hours / week) _____ per week
(Amount)

Part-time care (less than 30 hours / week) _____ per hour
(Amount)

Children 6 - 12 years of age

Full-time care (30 or more hours / week) _____ per week
(Amount)

Part-time care (less than 30 hours / week) _____ per hour
(Amount)

Hourly rate for extra hours or drop-in care _____ per hour
(Amount)

Fee for late pick up of child _____ per 15 minute interval (or any fraction thereof) per child.
(Amount)

Fee for late payment. Fees are to be paid in advance on ☐ _____ / ☐ child's last enrolled day each week for the following
(Day of week)
 week's services. If a payment is more than _____ days late, ☐ including ☐ not including weekend days, this fee will be charged
(Number of days)
 for each day payment is not made (including the _____ days already past): _____ per day. If a portion of the fee will be paid
(Number of days) (Amount)
 by a third party, such as an employer or the county, that payment will be accepted on a separately arranged schedule, described on the contract.

The financial terms will be finalized upon signing of the parent-provider contract.

If parent or legal guardian is under age 18, a cosigner must sign the contract to act as guarantor to the contract, and agree to be bound by all financial terms.

Families will receive a minimum of _____ notice when a rate increase is planned.
(Time period)